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Effective on 12/03/2004.
 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4181).

FEE TRANSMITTAL for FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT		(\$)		60.00	
METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (Please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments					

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	-0-
Design	200	100	100	50	130	65	-0-
Plant	200	100	300	150	160	80	-0-
Reissue	300	150	500	250	600	300	-0-
Provisional	200	100	0	0	0	0	-0-

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
18	-20 or HP	x	=			
HP + highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
3	-3 or HP	x	=			
HP + highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or reaction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or reaction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Other: **EXTENSION OF TIME (1 MONTH)** \$60.00

SUBMITTED BY: MORRISON & FOERSTER LLP **CUSTOMER NO. 20872**

Signature		Registration No. (Attorney/Agent)	48,751	Telephone	415/268-6846
Name (Print/Type)	Otis Littlefield	Date	June 10, 2005		

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FROM: Michael R. Ward

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PAGES (Including Cover Sheet): 12 HARD COPY TO

☐ YES ☒ NO

Attorney Docket No: 416272003400

Group Art Unit : 1644

Examiner: P. J. Nolan

Serial No.: 10/067,620

Filing Date: February 4, 2002

Inventors: Bob B. BUCHANAN et al.

Title: WALNUT AND RYEGRASS ALLERGENS

DOCUMENTS ATTACHED:

- 1) Transmittal - 1 pg
- 2) Fee Transmittal IN DUPL - 2 pgs
- 3) Extension of Time - 1 pg
- 4) Amendment Under 37 CFR 1.111 - 7 pgs

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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	10/067,620
		Filing Date	February 4, 2002
		First Named Inventor	Bob B. BUCHANAN
		Group Art Unit	1644
		Examiner Name	P. J. Nolan
Total Number of Pages in This Submission	11	Attorney Docket Number	416272003400

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form IN DUPL. - 2 pgs <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment Under 37 cfr 1.111 - 7 pgs <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - 1 pg <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney - 2 pgs <input type="checkbox"/> Revocation <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <p>FAX COVER SHEET</p>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Otis Littlefield Reg. No. 48,751 CUSTOMER NO. 20872
Signature	
Date	June 10, 2005

CERTIFICATE OF FACSIMILE	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306, on the date shown below.	
Date: June 10, 2005 6/10/05	BY  (LILIA OLSEN)

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